

2010 ANNUAL COMMUTER SURVEY

Montgomery County, with help from your employer, is conducting this survey to find ways to improve transportation services in the County. Your participation is valuable and your answers will be confidential. Please return the survey within 2 weeks to the person who gave it to you.



ENTER TO WIN A TERRIFIC PRIZE! Employees who complete the survey will be entered into a PRIZE DRAWING for a digital camera and other great prizes! To enter, include your name and phone number at the end of the survey.

THANK YOU – WE VALUE YOUR INPUT AND COMMENTS!

1.

EMPLOYER (Company/Organization)

OFFICE ZIP CODE

TODAY'S DATE

2.

On the most recent day you worked at your regular work location, what time did you arrive at work and what time did you leave?

Arrived AM PM (circle one)

Left AM PM (circle one)

3.

Last week, how did you get TO work each day? For each day you worked at your regular work location, check the box in Section A, "How I traveled to work" for the type of transportation you used that day. If you used more than one type on any day, e.g., you walked to a bus stop then rode the bus, check ONLY the box for the type you used for the longest distance part of your trip.

For each day you did not work or did not work at this location, check one box in Section B, "Why I was not at my regular work location." For any day you are not scheduled to work (e.g., Sunday), check "Regular day off."

Section A

How I traveled TO work

Days worked at regular work location last week

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Drove alone in a car, truck, or SUV

Drove myself and others (carpool or vanpool driver)

Rode with others (carpool or vanpool rider)

Took Metrobus, Ride-On, or other bus

Took Metrorail, MARC, Amtrak, or VRE train

Walked or bicycled (entire trip from home to work)

Other

Section B

Why I was NOT at my regular work location

Days NOT at regular work location last week

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Compressed schedule (e.g, 9/80 schedule) day off

Regular day off

Teleworked, worked at home or telework center all day

Meeting out of office, sick, vacation, or holiday all day

4.

If you carpooled or vanpooled last week, how many people, including yourself, were usually in the vehicle?

☐ I did not carpool or vanpool last week

total number of people in the vehicle

5.

Thinking back to one year ago, how did you USUALLY get to work? (If you used more than one type of transportation then, check the one you used most often).

☐ drive alone

☐ carpool

☐ vanpool

☐ bus

☐ train

☐ bicycle/walk

Did you work at your current work location one year ago?

☐ yes

☐ no

6.

How many miles is it from your home to your regular work location?

miles

How long does it typically take you to travel from home to this location?

minutes

Last week, what was the longest time it took you to travel from home to work?

minutes

What is your home zip code?

7.

On days that you drive to work, even if you only drive occasionally, where do you park?

☐ I never drive to work (skip to Q8)

I park:

☐ in a lot/garage at my work location

☐ in a public lot/garage off-site

☐ on the street

☐ other

7a. How much do you pay to park at this location?

☐ No charge, I park for free

\$ per: day / month (circle one)

8.

Does your employer OFFER free or discounted transit passes (e.g., SmartBenefits) or offer to pay or reimburse part of your commute expenses, other than for parking?

☐ No (skip to Q9)

☐ Don't know (skip to Q9)

☐ Yes (please answer question 8a)

8a. Do you personally receive a transit benefit or other reimbursement or payment for commute expenses?

☐ No (skip to Q9)

☐ Yes

8b. How much do you receive each month?

☐ \$1-30

☐ \$31-60

☐ \$61-99

☐ \$100+

PLEASE TURN OVER AND COMPLETE QUESTION 9 ON THE OTHER SIDE OF THIS SHEET

9. Listed below are services that could help you travel to work by carpool, vanpool, public transit, or bicycle. For each Commuting Service listed on the left, please check if the service would encourage you to use the type of transportation noted. For example, check "Yes," for "\$100 monthly subsidy for transit," if that service would encourage you to use **transit**. If you already use the type of transportation noted, check the box "Use Now."

Commuting Service	Would this service encourage you to use a carpool, vanpool, transit, or bicycling to get to work?			
	Yes	Maybe	No	Use Now
Assistance to form a carpool or vanpool				
Free parking for carpools and vanpools				
\$100 monthly subsidy for vanpools				
Pre-tax payroll deduction of your vanpool or transit costs (to Federal maximum of \$230/month)				
\$100 monthly subsidy for transit (to Federal maximum of \$230/month)				
Route/schedule information for transit				
Ride in case of emergency for carpool, vanpool, transit				
Secure locker or other storage for bicycle				
\$20 monthly subsidy for bicycling to work (Cannot be combined with other commuting benefits)				

THANK YOU FOR COMPLETING THE SURVEY!

If you would like to be entered into our prize drawing, provide your name and office phone number below.

Name _____ Phone Number _____ Ext. _____

REGISTER FOR A BETTER WAY TO WORK!

Complete the section below only if you would like to receive free information on carpooling, vanpooling, transit, the Guaranteed Ride Home program (GRH) or other alternatives to driving alone.

PLEASE NOTE – If you are requesting a carpool or vanpool matchlist in the section below, the following information is required: Addresses (both work & home), Phone Numbers, Work Start and Stop Times, Pool Rider / Driver Preferences and Pickup Locations. Incomplete forms may result in a delay processing your request.

Name _____

Home Address _____
Number/Street _____ Apt. # _____

City _____ State _____ Zip _____ County _____

Name of Employer/Agency _____

Work Address _____
Number/Street _____ Suite # _____

City _____ State _____ Zip _____ County _____

Work Phone Number _____ Fax Number _____

I start work at _____ a.m. I can arrive _____ minutes **before** and _____ minutes **after** my normal time.

I stop work at _____ p.m. I can leave _____ minutes **before** and _____ minutes **after** my normal time.

Please send me the following information / schedules (check all that interest you)

☐ Commuter Rail: MARC/VRE ☐ Metrorail ☐ Metrochek ☐ MD Transit ☐ Guaranteed Ride Program
☐ Metrobus ☐ Bicycling ☐ Park & Ride lots ☐ Local/commuter bus ☐ Other _____

Car / Vanpool Matchlist. I can / prefer to be a (check all that interest you)

Carpool: ☐ Driver ☐ Rider ☐ Alternate Driver ☐ Neither
Vanpool: ☐ Driver ☐ Rider ☐ Alternate Driver ☐ Neither

For a carpool/vanpool, please specify pickup location(s): _____

List the closest landmark to your home (i.e., mall, shopping center, school): _____

Please add your suggestions and comments on how Commuter Services can serve you better:

